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BIBDATASHEET

CONFIRMATION NO. 4068

Bib Data Sheet

SERIAL NUMBER 10/648,953	FILING DATE 08/26/2003 RULE	CLASS 438	GROUP ART UNIT 2823	ATTORNEY DOCKET NO. LAM1P177/P1139
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** CONTINUING DATA *****

none
09/28/2004

** FOREIGN APPLICATIONS *****

none
09/28/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 19	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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TITLE

Reduction of feature critical dimensions

FILING FEE RECEIVED 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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